

# **California Department of Corrections and Rehabilitation**

## **Office of Audits and Compliance**



## **Disability Placement Program Compliance Review**

**Folsom State Prison**

**April 5 – April 8, 2010**

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**FOLSOM STATE PRISON  
DISABILITY PLACEMENT PROGRAM  
COMPLIANCE REVIEW  
EXECUTIVE SUMMARY  
April 5 – 8, 2010**

Evaluation Team Members: D. Walker (Team Leader), J. Russell, M. Brown, M. Robinson, J. Thomas, A. Sisneros, D. Smith, R. Nakamoto, D. Alford, K. Allen, V. Mercado and J. Zamora.

**COMPARATIVE STATISTICAL SUMMARY CHART**

<b>OVERALL RATING</b>	<b>PHYSICAL PLANT MAINTENANCE RATING</b>	<b>RATING WITHOUT PHYSICAL PLANT MAINTENANCE</b>	<b>LAST AUDIT RATING (3-23-09)</b>
<b>85%</b>	<b>75%</b>	<b>87%</b>	<b>73%</b>

Below are the Disability Placement Program (DPP) ratings for each area. Areas that have a score below 85 percent require a Corrective Action Plan (CAP). The Warden and Medical Administrator shall be responsible for preparing and implementing a CAP. It is recommended that appropriate institutional staff coordinate with the Office of Court Compliance (OCC) Field Correctional Counselor II in developing the CAP. The CAP is due to the Office of Audits and Compliance within 30 days of the date on the transmittal memorandum for the preliminary audit report. Also, a copy of your institution's CAP should be forwarded to your Associate Director and the Correctional Administrator of OCC, Julian Martinez.

**A. DPP POLICY (100%)**

**B. DPP MISSION (100%)**

**C. DPP TRAINING (86%)**

2. Designated staff are required to receive formal training in each of the following:
  - a. Health Care Appliances: A-1170 (Custody Staff in Administrative Segregation Unit, Security Housing Unit, Receiving and Release, Transportation:

Number of staff required training **68**, staff trained **41** - **(60%)**

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- b. Effective Communication (EC): A-1171 (Correctional Counselors/Health Care Staff)

Number of Health Care Staff required training 170, staff trained 98 - **(58%)**

**D. DPP PROCESS VERIFICATION (65%)**

A total of 80 Central Files (C-Files) were reviewed.

8. The Classification Chrono (CDC 128-G) (initial/annual) is required to document Disability Impacting Placement or Disability Not Impacting Placement status and placement.

41 relevant C-Files reviewed, 20 correct - **(49%)**

9. The Classification Committee is required to consider the inmate's limitations as documented in the Chrono Medical Psych., Dental (CDC 128-C), or Comprehensive Accommodation Chrono (CDC 7410), during program assignments.

17 relevant C-Files reviewed, 13 correct - **(76%)**

12. Inmates designated as DPH, DPS, DNH and DNS are required to be interviewed within 14 days of arrival or of being identified as DPH, DPS, DNH or DNS to determine the inmates' primary and secondary method of communication.

5 relevant C-Files reviewed, 3 correct - **(60%)**

13. The Release Study Program/Parole Assessment, CDC 611 (Rev 05/01), or General Chrono (CDC 128-B), Americans with Disabilities Act (ADA) Documents for Transition to Parole, shall appropriately reflect all documents in the C-File that verify disabilities.

6 relevant C-Files reviewed, 2 correct - **(33%)**

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14. The Notice & Conditions of Parole (CDC 1515) (Rev 05/01), shall document EC and accommodations provided to Vision, Hearing and Speech disabled inmates and those on the Learning Disability (LD) and Test of Adult Basic Education (TABE) 4.0 or lower lists.

3 relevant C-Files reviewed, 1 correct - **(33%)**

**E. PHYSICAL PLANT AND MAINTENANCE (75%)**

5. The Work Order Coordinators (WOC) are required to assign the Work Request (W/R) an ADA program log number and maintain a copy of W/Rs submitted by their department.

Maintain a copy of all W/Rs submitted by their departments.

10 WOCs reviewed, 7 correct - **(70%)**

11. The Institution's Asset/Feature report must be updated to reflect the actual asset/feature.

10 asset features and locations reviewed, 5 correct - **(50%)**

**F. APPEALS (93%)**

4. Appeal boxes are required to be emptied daily and the Reasonable Modification or Accommodation Request (CDC 1824), forwarded to the Appeal Office. For prisons that do not have appeal boxes, the CDC 1824s shall be routed through the institutional mail, delivered to the mail room and forwarded to the Appeals Office daily.

General Population housing units reviewed:

7 relevant areas reviewed, 5 correct - **(71 %)**

12. The rejection (not processed as ADA), shall be based upon the criteria in the Armstrong Remedial Plan (ARP) IV.I.23.b and California Code of Regulations, Section 3084.3(c).

4 reviewed, 2 correct - **(50 %)**

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**G. HOUSING (96%)**

1. The Disability Effective Communication (DEC) System DPP housing rosters are required to be distributed to the Housing Units, Medical, Dental, and Mental Health Clinics, and the Principal at least weekly.

Clinics:

6 relevant areas reviewed, 3 correct - **(50%)**

2. DPP inmates are required to be housed according to their housing restrictions.

GP Units:

6 reviewed, 5 correct - **(83%)**

**H. EC (67%)**

7. EC is required to be documented for inmates with vision, hearing and speech disabilities, and inmates on LD and TABE 4.0 or lower lists on the following due process documents: Notice of Classification Hearing (CDC 128-B1), Classification Chrono (CDC 128-G), Rules Violation Report (CDC 115), (initial copy issuance, Hearing disposition and final copy issuance), Investigative Employee Reports and Administrative Segregation Placement, (CDC 114-D). (Reference ARP, II.E.2, and October 22, 2003, Effective Communication Memorandum Revised).

a. CDC 128-G

- a2. If assistance or accommodation was required, it was not provided.

30 relevant 128 G's reviewed, 20 correct - **(67%)**

- a3. If assistance or accommodation was provided, staff did not document how they determined the inmate understood the communication.

30 relevant CDC 128 G's reviewed, 15 correct - **(50%)**

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- b. CDC 128-B1
    - b2. If assistance/accommodation was required, it was not provided.  
  
**45 relevant CDC 128-B1s reviewed, 10 correct - (22%)**
    - b3. If assistance or accommodation was provided, staff did not document how they determined the inmate understood the communication.  
  
**46 relevant CDC 128-B1s reviewed, 9 correct - (20%)**
  - c. CDC 114-D
    - c2. If assistance/accommodation was required, it was not provided.  
  
**6 relevant 114-Ds reviewed, 0 correct - (0%)**
    - c3. If assistance or accommodation was provided, staff did not document how they determined the inmate understood the communication.  
  
**6 relevant CDC 128-B1s reviewed, 0 correct - (0%)**
  - d. CDC 115
    - d2. If assistance or accommodation was required, it was not provided.  
  
**10 relevant CDC 115s reviewed, 0 correct - (0%)**
    - d3. If assistance or accommodation was provided, staff did not document how they determined that the inmate understood the communication.  
  
**10 relevant CDC 115s reviewed, 0 correct - (0%)**
- A total of 40 Unit Health Records (UHR) were reviewed.

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8. Health Care Providers are required to document EC for Clinical encounters with DPH, DPV, DPS, and inmates on the LD and TABE 4.0 or lower lists.
- a. Medical
- a2. If assistance or accommodation was required, it was not provided.
- 63 documented encounters, 2 correct - (3%)**
- a3. If assistance or accommodation was provided, staff did not document how they determined the inmate understood the communication.
- 63 documented encounters, 21 correct - (33%)**
- b. Dental
- b2. If assistance or accommodation was required, it was not provided.
- 58 documented encounters, 6 correct - (10%)**
- b3. If assistance or accommodation was provided, staff did not document how they determined that the inmate understood the communication.
- 58 documented encounters, 16 correct - (28%)**
- c. Mental Health
- c2. If assistance or accommodation was required, it was not provided.
- 49 documented encounters, 30 correct - (61%)**
- c3. If assistance or accommodation was provided, staff did not document how they determined that the inmate understood the communication.
- 49 documented encounters, 29 correct - (59%)**



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**I. DISABILITY VERIFICATION (96%)**

4. When a Disability Placement Program Verification (CDC 1845), is present, a corresponding CDC 128-C or CDC 7410 listing physical limitations or assistance with daily living needs is required.

UHR

14 relevant files reviewed; 11 correct - **(79%)**

C-File

39 relevant files reviewed; 22 correct - **(56%)**

**J. DEC SYSTEM (100%)**

**K. ACCESSIBILITY OF PROGRAMS (96%)**

1. The following applies to transportation and receiving and release operations.

- c. Health Care Appliances are required to be listed on the inmate's property card.

1 area reviewed, 0 correct - **(0%)**

**CAP Preparation Instructions:**

The CAP should address each finding in the preliminary report that received a rating below 85 percent. Corrective measures should be realistic; they should completely resolve/correct the finding/violation. If resolution/correction of the problem is above and beyond the institution's capabilities, the CAP should explain why and specify how the institution plans to address it. Each corrective measure should include either a completion date or a projected completion date. Please do not list completion dates as "on-going." Corrective measures may include actions such as revising procedures, developing new procedures, training impacted staff, implementing a monitoring system, etc. Once these measures are in place, the corrective measure has been implemented, and that date should be entered in the CAP.

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**Review and Approval Process:** The Correctional Administrator of OCC approves the CAP or returns it for modifications prior to approval.

**Final Reports:** Once the DPP CAP is approved by OCC, OCC sends an approval memorandum to the institution.

**CAP Status Reports:** On a quarterly basis (by the 15th of the month in January, April, July, and October), each institution shall submit to their respective Associate Director, Regional Health Care Administrator, and the OCC Correctional Administrator a status report of the DPP CAP.

## DISABILITY CODES AND DEFINITIONS

<b>Inmate Requires Special Placement at Designated DPP Facility</b>	<b>Inmate Does Not Require Special Placement and May be Placed at any Facility According to Case Factors</b>
<b>DPW</b> -Full-Time Wheelchair User: Requires wheelchair accessible housing and path of travel.	No corresponding category.
<b>DPO</b> -Intermittent Wheelchair User: Requires lower bunk, wheelchair accessible path of travel, and does not require wheelchair accessible cell.	No corresponding category.
<b>DPM</b> -Mobility Impairment With or Without Assistive Devices (Wheelchairs shall not be prescribed): Orthopedic, neurological, or medical condition that substantially limits ambulation (cannot walk 100 yards on a level surface without pause) requires lower bunk, no triple bunk, and no stairs in path.	<b>DNM</b> -Mobility Impairment (lower extremities) Walks 100 yards without pause with or without assistive devices.
<b>DPH</b> -Deaf/Hearing Impairment: Must rely on written communication, lip reading or signing as residual hearing, with assistive devices, will not enable them to hear, understand or vocalize emergency warning, or public address announcements.	<b>DNH</b> -Hearing Impairment With residual hearing at a functional level with hearing aid(s).
<b>DPV</b> -Blind/Vision Impairment: Not correctable to central vision of better than 20/200 with corrective lens in at least one eye.	No corresponding category.
<b>DPS</b> -Speech Impairment: Does not communicate effectively speaking or in writing.	<b>DNS</b> -Speech Impairment Does not communicate effectively speaking, but does when writing.

## **GLOSSARY**

<b>ADA</b>	American with Disability Act
<b>ADL</b>	Assistant with Daily Living
<b>ARP</b>	Armstrong Remedial Plan
<b>ASU</b>	Administrative Segregation Unit
<b>BPH</b>	Board of Parole Hearings
<b>CAP</b>	Corrective Action Plan
<b>CC</b>	Correctional Counselor
<b>CCR</b>	California Code of Regulations
<b>C-File</b>	Central File
<b>CDC 114-D</b>	Administrative Segregation Unit Placement Notice
<b>CDC 115</b>	Rules Violation Report
<b>CDC 128-B</b>	General Chrono
<b>CDC 128-B1</b>	Notice of Classification Hearing
<b>CDC 128-C</b>	Chrono Medical, Psych., Dental
<b>CDC 128-G</b>	Chrono Classification (Regular)
<b>CDC 611</b>	Release Study Program/Parole Assessment
<b>CDC 1845</b>	Disability Placement Program Verification
<b>CDC 7410</b>	Comprehensive Accommodation Chrono
<b>CDCR 602</b>	Inmate/Parolee Appeal English
<b>CDCR 816</b>	Reception Center Readmission Summary
<b>CDCR 1515</b>	Notice & Conditions of Parole
<b>CDCR 1824</b>	Reasonable Modification or Accommodation Request
<b>CMO</b>	Chief Medical Officer
<b>CPMP</b>	Community Prisoner Mother Programs
<b>C&amp;PR</b>	Classification and Parole Representative
<b>DEC</b>	Disability Effective Communication
<b>DPP</b>	Disability Placement Program
<b>DNx</b>	Disability Not Impacting Placement
<b>DPx</b>	Disability Impacting Placement
<b>DTF</b>	Drug Treatment Furlough
<b>EC</b>	Effective Communication
<b>FMD</b>	Facilities Management Division
<b>FTTP</b>	Foreign Prisoner Transfer Treaty Program
<b>GP</b>	General Population
<b>HCA</b>	Health Care Appliance
<b>ISRS</b>	Institutional Staff Recommendation Summary
<b>LD</b>	Learning Disability
<b>LOP</b>	Local Operational Procedures
<b>MOHU</b>	Mental Health Outpatient Housing Unit
<b>OCC</b>	Office of Court Compliance
<b>PG</b>	Privilege Group
<b>PHU</b>	Protective Housing Unit

<b>PLO</b>	Prison Law Office
<b>PSU</b>	Psychiatric Services Unit
<b>RBG</b>	Rosen Bien and Galvan, LLP
<b>RC</b>	Reception Center
<b>R&amp;R</b>	Receiving and Release
<b>SA</b>	Staff Assistant
<b>SAPMS</b>	Standard Automated Preventive Maintenance System
<b>SHU</b>	Security Housing Unit
<b>TABE</b>	Test of Adult Basic Education
<b>TTY</b>	Teletype Writer
<b>UHR</b>	Unit Health Record
<b>VHS</b>	Vision/Hearing/Speech
<b>WO</b>	Work Order
<b>WOC</b>	Work Order Coordinator
<b>W/R</b>	Work Request

**DISABILITY PLACEMENT PROGRAM  
COMPLIANCE REVIEW  
FOLSOM STATE PRISON**

<b>Institutional Summary</b>		<b>Value</b>	<b>Score</b>	<b>Success</b>
		1800	1525	85%
A.	DPP POLICY	110	110	100%
B.	DPP MISSION	40	40	100%
C.	DPP TRAINING	170	146	86%
D.	DPP PROCESS VERIFICATION	100	65	65%
E.	PHYSICAL PLANT AND MAINTENANCE	300	224	75%
F.	APPEALS	190	177	93%
G.	HOUSING	95	91	96%
H.	EFFECTIVE COMMUNICATION	315	210	67%
I.	DISABILITY VERIFICATION	160	153	96%
J.	DEC SYSTEM	60	60	100%
K.	ACCESSIBILITY OF PROGRAMS	260	249	96%

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**A. DPP POLICY**

		Value	Score
1. Are the ARP, Armstrong court related documents, and departmental memoranda contained in the Hiring Authority Binder?			
a. Warden	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
b. Health Care Manager/CMO	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
2. Do Local Operational Procedures (LOPs) include the following for inmates with disabilities? (ARP IV.I.2b, 5, 6, 8, & 10)			
a. Modification of standing count procedures for mobility impaired inmates	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
b. Search procedures for mobility impaired inmates and prosthetic limbs	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
c. Telephone/TTY Procedure	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
d. Evacuation Procedure	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
3. Does the institution have a written plan for alternate DPW ASU:			
a. Housing	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
b. Yard accessibility	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
c. Shower	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
4. Is the current DPP Disability Effective Communication (DEC) Roster in the Hiring Authority Binder?			
a. Warden	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
b. Health Care Manager/CMO	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
	Total	<input type="text" value="110"/>	<input type="text" value="110"/>

**B. DPP MISSION**

1. Is the Institution's DPP mission contained in the Hiring Authority Binder?			
a. Warden	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
b. Health Care Manager/CMO	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
2. Is an ADA Coordinator identified and is he/she at an Associate Warden/Correctional Administrator level or higher?	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
3. Is the DPP Teacher position(s) filled?	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
4. Are DPP responsibilities included in duty statements for the following?:			
a. ADA Coordinator	<input type="text" value="Y"/>	<input type="text" value="10"/>	<input type="text" value="10"/>
b. DPP Teacher	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
5. Is the staff Sign Language Interpreter position filled, or has the institution made efforts to fill the position where required?	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
	Total	<input type="text" value="40"/>	<input type="text" value="40"/>

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**C. )DPP Training**

					Value	Score
1.	Have staff received formal DPP training with a DPP Lesson Plans to include the following?:					
	a. Overview: A-0554 (All Staff)					
	Number of Staff Requiring Training	1128	Number of Staff Trained	1078	96%	20 19
	b. Custody: A-0556 (Custody and Correctional Counselor Staff)					
	Number of Staff Requiring Training	678	Number of Staff Trained	598	88%	20 18
	c. Classification: A-0555 (Correctional Counselor Staff)					
	Number of Staff Requiring Training	35	Number of Staff Trained	34	97%	20 19
	d. Health Care: A-0557 (Medical, Mental Health, Dental Staff)					
	Number of Staff Requiring Training	170	Number of Staff Trained	156	92%	20 18
2.	Have designated staff received formal training in each of the following?:					
	a. Health Care Appliances: A-1170 (Custody Staff in ASU/SHU/R&R/Transportation)					
	Number of Staff Requiring Training	68	Number of Staff Trained	41	60%	20 12
	b. Effective Communication: A-1171 (Correctional Counselors/Health Care Staff)					
	Number of Counseling Requiring Training	35	Number of Staff Trained	32	91%	20 18
	Number of Health Care Staff Requiring Training	170	Number of Staff Trained	98	58%	20 12
3.	Does training for Staff Assistants include the policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?				Y	10 10
4.	Does training for Investigative Employees include the policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?				Y	10 10
5.	Does training for Hearing Officers and Senior Hearing Officers include existing policy for determining and documenting effective communication for inmates with hearing, vision, speech impairments and inmates on the LD and TABE 4.0 or Lower lists?				Y	10 10
	Total				170	146



**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**D. DPP PROCESS VERIFICATION**

						Value	Score			
1.	Does the bus screening process include an interview to determine whether the inmate has a disability?									
	Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
2.	If the interview indicates that the inmate may have a disability, does the nurse refer the inmate for medical verification if needed?									
	Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
3.	Does the Institution Staff Recommendation Summary (ISRS) or the CDC 816, RC Readmission Summary contain information about the inmate's disability?									
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0		
0	0									
4.	If the RC stay is extended and the inmate is DPX or dialysis, is there a CDC 128G addressing the Privilege Group (PG) on the 61 <sup>st</sup> day?									
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0		
0	0									
5.	If extended stay privileges have been granted, are inmates receiving their privileges?									
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0		
0	0									
6.	Are inmates who have impacting disabilities transferred within seven days from a Reception Center with a mission that is inconsistent with the inmate's disability?					<table><tr><td>0</td></tr></table>	0	<table><tr><td>0</td><td>0</td></tr></table>	0	0
0										
0	0									
7.	Is the Expedited Transfer process being followed for General Population inmates that have disabilities that impact their placement?					<table><tr><td>0</td></tr></table>	0	<table><tr><td>0</td><td>0</td></tr></table>	0	0
0										
0	0									
8.	Is there a CDC Form 128 G documenting DPx or DNx status and placement?									
	Number Reviewed	<u>41</u>	Number OK	<u>20</u>	<u>49%</u>	<table><tr><td>10</td><td>5</td></tr></table>	10	5		
10	5									
9.	Does the Classification Committee consider the inmate's limitations as documented in the CDC Form 128C or CDC 7410 when considering program assignments?									
	Number Reviewed	<u>17</u>	Number OK	<u>13</u>	<u>76%</u>	<table><tr><td>10</td><td>8</td></tr></table>	10	8		
10	8									
10.	Are DPP inmates evaluated for community-based programs (Camp, FTTP, DTF, CPMP) based on the application of criteria in ARP II.H and IV. K.?									
	Number Reviewed	<u>22</u>	Number OK	<u>22</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10		
10	10									
11.	If the DPx inmate is on Medically Unassigned or Medically Disabled status, is there a CDC Form 128G reflecting a classification committee's review of limitations listed on a CDC Form 128 C and/or CDC Form 7410?									
	Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0		
0	0									

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**D. DPP PROCESS VERIFICATION**

Value      Score

12    Are inmates designated as DPH, DPS, DNH, and DNS interviewed within 14 days of arrival or of being identified as DPH, DPS, DNH or DNS to determine the inmates' primary and secondary methods of communication?  
 Number Reviewed      5      Number OK      3      60%  
 Comments:

20	12
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13.   Does the CDC Form 611 (Rev 05/01) or CDC Form 128B, ADA Documents for Transition to Parole, appropriately reflect all documents in the Central File that verify disabilities?  
  
 Number Reviewed      6      Number OK      2      33%  
 Comments:

20	7
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14    Does the CDC Form 1515 (Rev 05/01) document effective communication and accommodations provided to vision, hearing and speech disabled inmates and inmates on the LD and TABE 4.0 or Lower lists?  
  
 Number Reviewed      3      Number OK      1      33%  
 Comments:

10	3
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Total	100	65
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**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**E. PHYSICAL PLANT AND MAINTENANCE**

						Value	Score
1.	Do the following institutional managers and staff have the current revision of the Operational Procedure FMD-0100?						
	a. ADA Coordinator					<div>Y</div>	<div>20</div>
	b. Correctional Plant Manager					<div>y</div>	<div>20</div>
	c. Work Order Coordinators	<div>11</div>	No. OK	<div>11</div>	Total WOC	<div>20</div>	<div>20</div>
2.	Are work request forms available to Facility/Housing Unit staff:						
		<div>8</div>	No. OK	<div>8</div>	Total Facilities	<div>20</div>	<div>20</div>
3.	Do employees complete ADA work request forms by noting "ADA" on the upper portion of the request, as well as signing and routing the forms to their supervisor during their shift?						
	a. Note as ADA	<div>0</div>	No. OK	<div>0</div>	Total ADA W/R	<div>0</div>	<div>0</div>
	b. Sign and Route	<div>0</div>	No. OK	<div>0</div>	Total ADA W/R	<div>0</div>	<div>0</div>
4.	Have employees and supervisors properly categorized work requests as ADA work requests?						
		<div>50</div>	No. OK	<div>50</div>	Total W/R	<div>20</div>	<div>20</div>
5.	Do the Work Order Coordinators (WOCs) assign the Work Request an ADA program log number and maintain a copy of Work Requests submitted by their department?						
	a. Assign each ADA Work Request with an ADA program log number?	<div>0</div>	Assigned Correctly	<div>0</div>	Total ADA W/R	<div>0</div>	<div>0</div>
	b. Maintain a copy of all ADA Work Requests submitted by their departments?	<div>7</div>	No. OK	<div>10</div>	Total WOC	<div>20</div>	<div>14</div>
	c. Send copy of Work Requests to ADA Coordinator?	<div>0</div>	No. OK	<div>0</div>	Total WOC	<div>0</div>	<div>0</div>
	d. Maintain a program log book or acceptable tracking alternative?	<div>11</div>	No. OK	<div>11</div>	Total WOC	<div>20</div>	<div>20</div>
6.	Do the department supervisors review the work request forms for accuracy, as well as sign and route the originals to the Work Order Coordinator within the same day the work request was received or by the next business day if the work request was submitted?						
	a. Supervisor review and sign	<div>0</div>	No. OK	<div>0</div>	Total ADA W/R	<div>0</div>	<div>0</div>
	b. Route timely to WOC	<div>0</div>	No. OK	<div>0</div>	Total ADA W/R	<div>0</div>	<div>0</div>
7.	Are all the ADA work requests for repairs input into the SAPMS system correctly?						
	a. Does the institution have a designated SAPMS Manager to input Work Requests?					<div>y</div>	<div>20</div>
	b. Does institution have at trained backup for the SAPMS Manager?					<div>y</div>	<div>20</div>
	c. W/R input within 24 hours of receipt ?	<div>0</div>	No. OK	<div>0</div>	Total ADA W/O	<div>0</div>	<div>0</div>
	d. Is ADA noted on upper portion of the Work Order	<div>19</div>	No. OK	<div>19</div>	Total ADA W/O	<div>20</div>	<div>20</div>
	e. Program log number is reflected on Work Order?	<div>0</div>	No. OK	<div>0</div>	Total ADA W/O	<div>0</div>	<div>0</div>
	f. Work order contains asset number?	<div>0</div>	No. OK	<div>19</div>	Total ADA W/O	<div>20</div>	<div>0</div>
	g. DPP asset location identified on Work Order?	<div>0</div>	No. OK	<div>19</div>	Total ADA W/O	<div>20</div>	<div>0</div>

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**E. PHYSICAL PLANT AND MAINTENANCE**

						Value	Score
8	Do ADA work orders get generated for inmate appeals (1824/602) with legitimate claims of an inoperable ADA feature or asset?						
		<u>0</u>	No. Generated	<u>0</u>	Total Appeals	0%	
						<u>0</u>	<u>0</u>
9	Does the ADA Coordinator track, follow-up and monitor the status of ADA repairs?				<u>N</u>	<u>20</u>	<u>0</u>
10.	Does the ADA Coordinator track whether alternative/interim accommodations have been provided when ADA repairs have not been made within 24 hours?				<u>Y</u>	<u>20</u>	<u>20</u>
11.	Is the Institution Asset/Feature Inventory Report updated to reflect the actual asset/feature?						
		<u>5</u>	No. OK	<u>10</u>	Total Appeals	50%	
						<u>20</u>	<u>10</u>
					Total	<u>300</u>	<u>224</u>

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**F. APPEALS**

						Value	Score	
1.	If the Appeals Coordinator position(s) was vacant at any time since January 18, 2007, was the vacancy filled within thirty days?	Y	20	20				
2.	If the Medical Appeals Analyst position(s) was vacant at any time since January 18, 2007, was the vacancy filled within thirty days?	Y	20	20				
3.	Are CDC Form 1824s available to inmates in the following areas?							
	a. GP housing units	7	Number OK	7	100%	10	10	
	(including Mental Health)							
	b. Medical Housing	0	Number OK	0	0%	0	0	
	c. Libraries	0	Number OK	0	0%	0	0	
	d. Law Library	1	Number OK	1	100%	10	10	
	e. Special Housing	1	Number OK	1	100%	10	10	
4.	Are appeal boxes emptied daily and the CDC Form 1824s forwarded to the Appeals Office? For prisons that do not have appeal boxes, are CDC Form 1824s routed through the institution mail, delivered to the mail room and forwarded to the Appeals Office daily?							
	a. GP housing units	7	Number OK	5	71%	10	7	
	(including Mental Health)							
	b. Medical housing	0	Number OK	0	0%	0	0	
	c. Special Housing	1	Number OK	1	100%	10	10	
5.	Are CDC 1824 response due dates assigned based upon the date the appeals office receives the appeal?							
	Number Reviewed	3	Number OK	3	100%	20	20	
6.	Are CDC 1824s being sent to the appropriate division head for response?							
	Number Reviewed	3	Number OK	3	100%	20	20	
7.	Are CDC 1824s referred to medical for verification when required?							
	Number Reviewed	0	Number OK	0	0%	0	0	
8.	Are staff following the ARP process for medical verification?							
	Number Reviewed	0	Number OK	0	0%	0	0	
9.	Are temporary (interim) accommodations granted when appropriate?							
	Number Reviewed	0	Number OK	0	0%	0	0	
10.	Are the CDC 1824 responses complete, thorough and address all ADA issues?							
	Number Reviewed	3	Number OK	3	100%	20	20	
	Comments:							

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**F. APPEALS**

11. Are the CDC 1824s returned to the appellant within specified time frames?

a. 1 <sup>st</sup> Level Custody?	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>
b. 2 <sup>nd</sup> Level Custody?	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>
c. 1 <sup>st</sup> Level Medical?	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>
d. 2 <sup>nd</sup> Level Medical?	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>

12. If the appeal was rejected (not processed as ADA) was the rejection based upon the criteria in ARP IV.I.23.b; CCR 3084.3 (c)?

Number Reviewed	<u>4</u>	Number OK	<u>2</u>	<u>50%</u>
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13. If the appeal issue involved a major life activity, safety, effective communication for due process or medical, or otherwise meets the criteria outlined in CCR 3084.7a, was it processed as an emergency appeal?(Waived 1st Level and 2nd Level completed in 5 working days)

Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>
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Value      Score

10	10
0	0
10	10
0	0

20	10
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0	0
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Total

190	177
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**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**G. HOUSING**

					Value	Score		
1. Are the DEC DPP housing rosters distributed to the Housing Units, Medical Housing, Medical, Dental and Mental Health Clinics and the Principal at least weekly?								
GP Housing Units	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>	<table><tr><td>5</td><td>5</td></tr></table>	5	5	
5	5							
Medical Housing	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0	
0	0							
Clinics	<u>6</u>	Number OK	<u>3</u>	<u>50%</u>	<table><tr><td>5</td><td>3</td></tr></table>	5	3	
5	3							
Education/Vocation Supervisor	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>5</td><td>5</td></tr></table>	5	5	
5	5							
Special Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>5</td><td>5</td></tr></table>	5	5	
5	5							
2. Are all DPP inmates housed according to their housing restrictions?								
a. DPW cells/bed?								
GP Housing Units (including Mental Health)	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0	
0	0							
Special Housing	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0	
0	0							
b.DPP with Lower Bunk Chrono?								
GP Units reviewed	<u>6</u>	Number OK	<u>5</u>	<u>83%</u>	<table><tr><td>10</td><td>8</td></tr></table>	10	8	
10	8							
Special Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10							
c. DPP with Lower Tier Chrono?								
GP Units reviewed	<u>4</u>	Number OK	<u>4</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10							
Special Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10							
d. Ground floor?								
GP Housing Units (including Mental Health)	<u>4</u>	Number OK	<u>4</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10							
Special Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10							
3. Are the ADA posters (with the PLO & RBG addresses) displayed in locations that are in plain sight to the inmates.								
GP Housing Units (including Mental Health)	<u>7</u>	Number OK	<u>7</u>	<u>100%</u>	<table><tr><td>5</td><td>5</td></tr></table>	5	5	
5	5							
Special Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>5</td><td>5</td></tr></table>	5	5	
5	5							
Medical Housing	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0	
0	0							
Law Libraries Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>5</td><td>5</td></tr></table>	5	5	
5	5							
Libraries Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0	
0	0							
Total					<table><tr><td>95</td><td>91</td></tr></table>	95	91	
95	91							

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**H. EFFECTIVE COMMUNICATION**

Value Score

1. The following questions refer to the inmate libraries:

a. Does the law library contain materials in alternate formats, e.g., large print ARP, audio, Braille?

Reviewed 1 Number OK 1 100%

5	5
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b. Does the recreational library contain materials in alternate formats? e.g., large print ARP, audio, Braille?

Reviewed 0 Number OK 0 0%

0	0
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c. Is there a written procedure for access to library equipment?

Reviewed 0 Number OK 0 0%

0	0
---	---

d. Are CDC Form 1824s available in the library?

Reviewed 1 Number OK 1 100%

5	5
---	---

e. Are electronic reader machines in good working condition, e.g. Galileo?

Reviewed 0 Number OK 0 0%

0	0
---	---

f. Does the library have a magnifier in good working condition?

Reviewed 1 Number OK 1 100%

5	5
---	---

2. Does the Education Department maintain a tracking system of TAFE scores and distribute the TAFE 4.0 or Lower List to the Division Heads weekly?

Y

20	20
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3. Does the Division Head distribute the TAFE 4.0 or Lower List to the appropriate staff?

Interviewed 3 Number OK 3 100%

20	20
----	----

4. Does the Education Department maintain an LD list and distribute it to all Division Heads on a weekly basis?

Y

20	20
----	----

5. Does the Division Head distribute the LD list to the appropriate staff?

Interviewed 3 Number OK 3 100%

20	20
----	----

6. Does the Education Department issue a CDC 128-B LD Chrono when an inmate is placed on the LD list?

Y

20	20
----	----

7. Is effective communication documented for inmates with vision, hearing and speech disabilities and inmates on LD and TAFE 4.0 or Lower Lists on the following due process documents: Notice of Classification Hearing (CDC 128-B-1), Classification Chronos (CDC 128-G), Rule Violation Reports (CDC 115) (Hearing disposition and final copy issuance), Investigative Employee Reports and Administrative Segregation Placement (CDC 114-D)? (ARP II.E.2 and Eff. Comm. Memo Revised, dated October 22, 2003)

a. Classification Chronos (CDC 128 G)

a1. If the inmate waived or no assistance/accommodation was required, is it documented?

Reviewed 5 Number OK 5 100%

20	20
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a2. If assistance/accommodation was required, was it provided?

Reviewed 30 Number OK 20 67%

10	7
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a3. If assistance/accommodation was provided, did staff document how they determined that the inmate understood the communication?

Reviewed 30 Number OK 15 50%

10	5
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**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**H. EFFECTIVE COMMUNICATION**

					Value	Score
b. Notice of Classification Hearings (CDC 128 B-1)						
b1. If the inmate waived or no assistance/accommodation was required, is it documented?						
Reviewed	3	Number OK	3	100%	20	20
b2. If assistance/accommodation was required, was it provided?						
Reviewed	45	Number OK	10	22%	10	2
b3. If assistance/accommodation was provided, did staff document how they determined that the inmate understood the communication?						
Reviewed	46	Number OK	9	20%	10	2
c. Administrative Segregation Unit Placement Notices (CDC 114-D)						
c1. If the inmate waived or no assistance/accommodation was required, is it documented?						
Reviewed	0	Number OK	0	0%	0	0
c2. If assistance/accommodation was required, was it provided?						
Reviewed	6	Number OK	0	0%	10	0
c3. If assistance/accommodation was provided, did staff document how they determined that the inmate understood the communication?						
Reviewed	6	Number OK	0	0%	10	0
d. Rule Violation Report (CDC 115)						
d1. If the inmate waived or no assistance/accommodation was required, is it documented?						
Reviewed	0	Number OK	0	0%	0	0
d2. If assistance/accommodation was required, was it provided?						
Reviewed	10	Number OK	0	0%	10	0
d3. If assistance/accommodation was provided, did staff document how they determined that the inmate understood the communication?						
Reviewed	10	Number OK	0	0%	10	0
e. Investigative Employee Report						
e1. If the inmate waived or no assistance/accommodation was required, is it documented?						
Reviewed	0	Number OK	0	0%	0	0
e2. If assistance/accommodation was required, was it provided?						
Reviewed	0	Number OK	0	0%	0	0
e3. If assistance/accommodation was provided, did staff document how they determined that the inmate understood the communication?						
Reviewed	0	Number OK	0	0%	0	0

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**H. EFFECTIVE COMMUNICATION**

					Value	Score
8	Are health care providers documenting effective communication for clinical encounters with DPH, DPV, DPS and inmates on the LD and TABE 4.0 or Lower Lists?					
	a. Medical (Generated at Institution):					
	a1. If the inmate waived or no assistance/accommodation was required, is it documented?					
	Reviewed	0	Number OK	0	0%	0
	a2. If assistance/accommodation was required, was it provided?					
	Reviewed	63	Number OK	2	3%	0
	a3. If assistance/accommodation was provided, did staff document how they determined that the inmate understood the communication?					
	Reviewed	63	Number OK	21	33%	3
	b. Dental (Generated at Institution):					
	b1. If the inmate waived or no assistance/accommodation was required, is it documented?					
	Reviewed	0	Number OK	0	0%	0
	b2. If assistance/accommodation was required, was it provided?					
	Reviewed	58	Number OK	6	10%	1
	b3. If assistance/accommodation was provided, did staff document how they determined that the inmate understood the communication?					
	Reviewed	58	Number OK	16	28%	3
	c. Mental Health (Generated at Institution):					
	c1. If the inmate waived or no assistance/accommodation was required, is it documented?					
	Reviewed	0	Number OK	0	0%	0
	c2. If assistance/accommodation was required, was it provided?					
	Reviewed	49	Number OK	30	61%	6
	c3. If assistance/accommodation was provided, did staff document how they determined that the inmate understood the communication?					
	Reviewed	49	Number OK	29	59%	6
9	Are staff in the housing units willing to assist inmates with reading or scribing documents related to CDCR programs, services, and activities?					
	GP Units	7	Number OK	7	100%	10
	Spec. Housing	1	Number OK	1	100%	10
10	Are Sign language interpreters provided to hearing and speech disabled inmates for due process events and clinical encounters when required?					
	a. Due Process					
	Reviewed	0	Number OK	0	0%	0
	b. Clinical Encounter					
	b.1 Medical (Generated at Institution):					
	Reviewed	0	Number OK	0	0%	0
	b.2 Dental (Generated at Institution):					
	Reviewed	0	Number OK	0	0%	0
	b.3 Mental Health (Generated at Institution):					
	Reviewed	0	Number OK	0	0%	0
Total					315	210

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**I. DISABILITY VERIFICATION**

					Value	Score			
1.	Is Section B of the CDC Form 1845 completed correctly?								
	Number Reviewed	<u>27</u>	Number OK	<u>27</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
2.	Is section C and/or D of the CDC Form 1845 completed correctly?								
	Number Reviewed	<u>27</u>	Number OK	<u>25</u>	<u>93%</u>	<table><tr><td>10</td><td>9</td></tr></table>	10	9	
10	9								
3.	Is Section F (if applicable) of the CDC Form 1845 completed correctly?								
	Number Reviewed	<u>27</u>	Number OK	<u>27</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
4.	Is there a corresponding CDC 128C or CDC 7410 listing physical limitations or assistance with daily living needs?								
	Unit Health Record	<u>14</u>	Number OK	<u>11</u>	<u>79%</u>	<table><tr><td>10</td><td>8</td></tr></table>	10	8	
10	8								
		<u>39</u>	Number OK	<u>22</u>	<u>56%</u>	<table><tr><td>10</td><td>6</td></tr></table>	10	6	
10	6								
5.	Is the CDC 128B EC Chrono attached to the CDC 1845 for inmates with hearing and speech disabilities in the C File and UHR?								
	Unit Health Record	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0	
0	0								
	Central File	<u>15</u>	Number OK	<u>15</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
6	Is there a written procedure for performing maintenance, repairs and replacement of health care appliances (excluding wheelchairs)?				<table><tr><td>Y</td></tr></table>	Y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
Y									
10	10								
7	Are staff following the written procedure for performing maintenance, repairs and replacement of health care appliances (excluding wheelchairs)?								
	Number Reviewed	<u>5</u>	Number OK	<u>5</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
8	Is there a written procedure for performing maintenance, repairs and replacement of wheelchairs?				<table><tr><td>Y</td></tr></table>	Y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
Y									
10	10								
9	Are staff following the written procedure for performing maintenance, repairs and replacement of wheelchairs?								
	Medical	<u>5</u>	Number OK	<u>5</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
10	Are hearing aid batteries and other health care supplies, e.g., catheters, diapers, (not wheelchairs) etc., readily available for inmates as prescribed by Health Care Services?								
	GP Housing	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
	Medical Housing	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	<table><tr><td>0</td><td>0</td></tr></table>	0	0	
0	0								
	Special Housing	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
	Medical Clinics	<u>6</u>	Number OK	<u>6</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
11	For specialized housing units, does medical staff monitor the health condition of an inmate whose appliance is taken away?								
	Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
12	Are special order health care appliances delivered to the inmate within 10 days of arrival to the institution?								
	Number Reviewed	<u>5</u>	Number OK	<u>5</u>	<u>100%</u>	<table><tr><td>10</td><td>10</td></tr></table>	10	10	
10	10								
13	Are prescribed health care appliances approved by the Correctional Captain and Health Care Managers or designee for approval?				<table><tr><td>Y</td></tr></table>	Y	<table><tr><td>10</td><td>10</td></tr></table>	10	10
Y									
10	10								
					Total	<table><tr><td>160</td><td>153</td></tr></table>	160	153	
160	153								

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**J. DEC SYSTEM**

		Value	Score			
1.	Is the C&PR and/or CCIII/RC using the DEC to track DPP inmates based on the CDC 1845? Comments:	<table><tr><td>Y</td></tr></table>	Y	<table><tr><td>20</td><td>20</td></tr></table>	20	20
Y						
20	20					
2.	Are CDC 1845s received by the C&PR and/or CCIII/RC within 72 hours of verification or the inmate's arrival from another institution? Comments:	<table><tr><td>Y</td></tr></table>	Y	<table><tr><td>20</td><td>20</td></tr></table>	20	20
Y						
20	20					
3.	Are CDC 1845s entered into the DEC within 24 hours of receipt? Comments:	<table><tr><td>Y</td></tr></table>	Y	<table><tr><td>20</td><td>20</td></tr></table>	20	20
Y						
20	20					
	Total	<table><tr><td>60</td><td>60</td></tr></table>	60	60		
60	60					

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**K. ACCESSIBILITY OF PROGRAMS**

Value      Score

1. The following questions apply to Transportation and Receiving and Release operations.

- a. Are inmates transported with their health care appliances?

Number Reviewed      1      Number OK      1      100%

10	10
----	----

- b. Are inmates allowed to retain their health care appliances?

Number Reviewed      1      Number OK      1      100%

10	10
----	----

- c. Are health care appliances listed on the inmate's property card?

Number Reviewed      1      Number OK      0      0%

10	0
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- d. Are inmates initially housed according to their housing restrictions?

Number Reviewed      1      Number OK      1      100%

10	10
----	----

- e. Are accessible vehicles used for inmates who require assistance?

Number Reviewed      1      Number OK      1      100%

10	10
----	----

2. Is the following information included in orientation for all inmates?

- a. The purpose of the Disability Placement Program.

Y	5	5
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- b. Availability of the CCR, ARP and similar printed materials in accessible formats.

Y	5	5
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- c. Accommodations available to qualified inmates, e.g. sign language interpreters for due process events and clinical contacts

Y	5	5
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- d. Availability of TTYs and volume controlled phones.

Y	5	5
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- e. Access to inmate/staff scribes or readers and availability of of specialized library equipment.

Y	5	5
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- f. The CDC 1824 process.

Y	5	5
---	---	---

- g. The process of personal notification by staff of visits, ducats, etc.

Y	5	5
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- h. Access to closed captioned TV in the housing unit.

Y	5	5
---	---	---

- i. Verified case-by-case medical exceptions to institutional count procedures.

Y	5	5
---	---	---

- j. Information regarding emergency alarms, evacuations, written announcements and notices.

Y	5	5
---	---	---

3. Is orientation communicated effectively (alternate formats)?

Number Reviewed      4      Number OK      4      100%

5	5
---	---

4. Is the institution utilizing a separate TTY sign in sheet?

Number Reviewed      4      Number OK      4      100%

5	5
---	---

5. Is access to the TTY phone the same as the regular telephone?

Number Reviewed      6      Number OK      6      100%

5	5
---	---

6. Indicate which program features are available to disabled inmates in general population?

- a. TV - closed captioning (VHS institutions)

Number Reviewed      0      Number OK      0      0%

0	0
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**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**K. ACCESSIBILITY OF PROGRAMS**

					Value	Score
b. Inmate Assistants (designated mobility & V,H,S institutions)						
Number Reviewed	0	Number OK	0	0%	0	0
c. Volume Control Telephones						
Number Reviewed	6	Number OK	6	100%	5	5
d. Shower chairs						
Number Reviewed	5	Number OK	5	100%	5	5
7. Do the POST Orders include the following DPP information?						
a. Announcing count, movement, etc. for DPH and DPV inmates						
Number Reviewed	7	Number OK	7	100%	5	5
b. Emergency/Evacuation Procedures						
Number Reviewed	7	Number OK	7	100%	5	5
8 Are ID Photos of DPx inmates kept with current housing unit rosters?						
Number Reviewed	5	Number OK	5	100%	10	10
9. Is the institution complying with the Identification Vest Policy?						
Number Reviewed	7	Number OK	6	86%	10	9
10. Do inmates that are temporarily housed in a health care setting due to lack of accessible housing or require assistance with daily living (ADL) have reasonable access to equivalent programs and activities consistent with their custody and privilege groups?						
Number Reviewed	0	Number OK	0	0%	0	0
11. Are inmate body searches conducted pursuant to policy and include special accommodations for DPW/DPM/DPO inmates and inmates with prosthetic limbs?						
Number Reviewed	7	Number OK	7	100%	5	5
12. The following questions refer to health care appliances in ASU/SHU/PSU/PHU /MOHU and Condemned:						
a. Are appliances permitted for in-cell use?						
Number Reviewed	1	Number OK	1	100%	10	10
b. If permitted and removal becomes necessary:						
i. Is the removal due to an immediate direct threat, or collected as evidence for a crime or investigation?						
Number Reviewed	1	Number OK	1	100%	10	10
ii. Does custody staff contact medical staff for an evaluation for alternate in-cell accommodation?						
Number Reviewed	1	Number OK	1	100%	10	10

**DISABILITY PLACEMENT PROGRAM  
SELF MONITORING EVALUATION**

**K. ACCESSIBILITY OF PROGRAMS**

					Value	Score
iii. Is the warden or designee contacted for approval?						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	10	10
iv. Does the ICC confirm the removal?						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	10	10
v. Is the HCA or interim accommodation available to the inmate for in cell and out of cell use as prescribed?						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	10	10
c. Is the HCA poster in staff view?						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	10	10
d. When a HCA is retained for out of cell use, is it stored in an area accessible for staff to retrieve for the inmate's use?						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	10	10
13. Indicate which program features are accessible to disabled inmates within the ASU:						
a. Law Library						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
b. Exercise program						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
c. Shower chairs						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
14. Does visiting contain volume controlled phones or writing materials for inmates and the public?						
Number Reviewed	<u>0</u>	Number OK	<u>0</u>	<u>0%</u>	0	0
15 Is there a TTY device available for inmates in the BPH Conference Room?						
Number Reviewed	<u>1</u>	Number OK	<u>1</u>	<u>100%</u>	5	5
Total					260	249